

**SOLICITATION PERMIT APPLICATION**  
**CITY OF ABILENE**

1. Name of Organization: \_\_\_\_\_  
Local address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_
2. Beginning and ending dates of solicitation: \_\_\_\_\_
3. Date organization was formed: \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_
4. If incorporated, give date and state: \_\_\_\_\_
5. Purpose of organization: \_\_\_\_\_  
\_\_\_\_\_
6. State principal activities to include specific services rendered and to whom:  
\_\_\_\_\_  
\_\_\_\_\_
7. Give names, titles and business affiliations of officers:  
Chairman \_\_\_\_\_ Telephone \_\_\_\_\_  
President \_\_\_\_\_ Telephone \_\_\_\_\_  
Treasurer \_\_\_\_\_ Telephone \_\_\_\_\_  
Executive Director \_\_\_\_\_ Telephone \_\_\_\_\_  
Other \_\_\_\_\_ Telephone \_\_\_\_\_
8. Has Internal Revenue Service declared contributions tax exempt? \_\_\_\_\_
9. If yes, is organization 501(c)(3) \_\_\_\_\_, 501(c)(6) \_\_\_\_\_, Other \_\_\_\_\_  
IRS letter of exempt status must be attached to this application.
10. If membership organization, how many members: \_\_\_\_\_
11. Will your organization be directly involved in fund raising? \_\_\_\_\_  
If another organization will benefit from the funds, give name: \_\_\_\_\_  
\_\_\_\_\_
12. Indicate number of paid employees \_\_\_\_\_, and volunteers \_\_\_\_\_

A \$15.00 Permit Fee is to be paid by check or money order made out to the City of Abilene. If you choose to pay with cash, payment must be made at City Hall, 555 Walnut Street, Accounting Office Room #202. Take receipt to City Secretary's office, Room 203 as evidence of payment.

13. Contacts made by: \_\_\_\_\_ Mail, \_\_\_\_\_ Telemarketing, \_\_\_\_\_ Personal visits  
Is outside agency (promoter) involved in fund raising campaign? yes \_\_\_\_\_ no \_\_\_\_\_  
If yes: Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Local physical location: \_\_\_\_\_  
List telemarketers: \_\_\_\_\_

Where and when will telemarketing be done: \_\_\_\_\_

How is agency (promoter) to be paid? \_\_\_\_\_

If your organization will receive a percentage of the gross funds or a guaranteed amount, state that percentage or the amount you are to receive: \_\_\_\_\_

**If paid telephone solicitors are used, City Code requires these persons to identify themselves as paid callers during the initial minute of the phone contact. (Sec. 28.6)**

14. Street address where telephone solicitation is conducted: \_\_\_\_\_

15. Non-profit Tax I.D. Number: \_\_\_\_\_

16. Date of previous solicitation: \_\_\_\_\_

If this application is approved, the license granted shall not be used to solicit funds in any manner in violation of any lottery, gambling or other penal law of the United States, State of Texas, or City of Abilene. The foregoing statements are considered by me to be public information and the same shall be available for inspection and publication by any persons to include newspaper and all other media. As applicant or agent thereof, I have read the foregoing application, understand same, and swear that every statement made therein is true and correct.

Signed: \_\_\_\_\_  
Applicant Title

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signed: \_\_\_\_\_  
Notary Public in and for  
Taylor County, Texas

Better Business Bureau approved \_\_\_\_\_  
disapproved \_\_\_\_\_

Permit Number \_\_\_\_\_  
Authorized BBB Signature